

Simsbury Youth Hockey
James Stover Scholarship
Application

Skater's Name _____

Skater's Level (Circle): Mite Squirt PeeWee Bantam Midget Girls U10/U12 Girls U14

Parent's Name _____

Parent's Address

Street: _____

City: _____ State: _____ Zip Code: _____

Please attach a copy of your most recent federal income tax return (pages 1 & 2 only)

If any special circumstances exist that we should consider, please list them below:

Parent Signature: _____

Date: _____

All information submitted with this application will remain strictly confidential. Please mail your application to:

SYHA – JA Stover Scholarship
Attn: Paul Melanson, President SYHA
28 Arrowhead Drive
West Simsbury, CT 06092

Date received by SYHA: _____